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7590

02/12/2004

Platon N. Mandros, Esquire  
 BURNS, DOANE, SWECKER & MATHIS, L.L.P.  
 P.O. Box 1404  
 Alexandria, VA 22313-1404



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(Depositor's name)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/855,701	05/16/2001	Morihito Nomura	000400-837	9249

TITLE OF INVENTION: DOOR HANDLE DEVICE FOR A VEHICLE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/12/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HO, THOMAS Y	3677	292-336300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. BURNS, DOANE, SWECKER2. & MATHIS, L.L.P.

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AISIN SEIKI KABUSHIKI KAISHA

KARIYA-SHI, AICHI-KEN, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 2

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☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Platon N. Mandros, Esquire

4/22/04

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04/23/2004 WABRHAM2 00000010 09855701

01 FC:1501  
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